



King County

PUBLIC DEFENSE ADVISORY BOARD APPLICATION FORM

Please indicate board seat for which you are recommending this candidate:

- | | |
|---|--|
| <input type="checkbox"/> Washington Association of Criminal Defense Lawyers | |
| <input type="checkbox"/> Washington State Office of Public Defense | |
| <input type="checkbox"/> Washington Defender Association | |
| <input type="checkbox"/> King County Bar Association | |
| <input type="checkbox"/> Minority Bar Association | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Military Veterans | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Immigration |

Organization's reason for nominating this candidate for the Public Defense Advisory Board:



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TO BE COMPLETED BY THE PUBLIC DEFENSE ADVISORY BOARD CANDIDATE
(A résumé may be submitted in lieu of submitting a completed application form)

Name – Please Print:

First

Middle Initial

Last

Preferred Phone Contact Number:

Preferred Phone Type (Home, work or cell):

Personal Email Address:

Preferred Mailing Address:

Physical Home Address (if different):

Current Employer:

Job Title

Date of Employment

Company Name

Street Address

City

State

Zip

King County Council District:



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Education (High School, College/University):

School Name

Year graduated or degree

Please describe your experience and expertise relative to the work of the Department of Public Defense:

I certify that I do not hold public office nor am I a candidate for public office other than precinct committee officer; I am not a King County judicial officer, a King County prosecuting attorney, a King County public defender, or an employee of the King County court; nor am I the King County prosecuting attorney or the King County public defender; I am available to accept an appointment to the King County Public Defense Advisory Board for a term not to exceed three years.

Signature

Date



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PERSONAL INFORMATION (OPTIONAL):

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. *Providing information in the section below is voluntary but will assist in achieving this goal.*

Race/Ethnicity:

- American Indian/Alaska Native
- Asian
- African American/Black
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- Two or more races

Generation:

- 30 or younger
- 31 to 41
- 42 to 52
- 53 to 63
- 64 to 74
- 75 or older

Do you have a disability as defined by the Americans with Disabilities Act (ADA)?

- Yes
- No

Orientation:

- LGBT

Gender:

- Male
- Female
- Transgender

Please return completed form to (we accept scanned copies of the signed application):

Anne Noris, Clerk of the Council
 King County Council
 516 3rd Ave, Room 1200
 Mailstop: KCC-CC-1200
 Seattle, WA 98104
Anne.Noris@kingcounty.gov

Dow Constantine, Executive
 King County Executive Office
 401 – 5th Ave, Suite 800
 Mailstop: CNK-EX-0800
 Seattle, WA 98104

This material is available in alternate formats for persons with disabilities.

**Please contact 206-263-9651, TTY Relay: 711, or
E-mail Rick.Ybarra@kingcounty.gov**